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<b>PATENT APPLICATION FEE DETERMINATION RECORD</b> Substitute for Form PTO-875						Application or Pocket Number <span style="font-size: 1.2em;">10/773094</span>	
<b>CLAIMS AS FILED - PART I</b> (Column 1) (Column 2)							
FOR	NUMBER FILED	NUMBER EXTRA					
BASIC FEE (37 CFR 1.16(a))							
TOTAL CLAIMS (37 CFR 1.16(c))	<span style="font-size: 1.2em;">31</span> minus 20 = <span style="font-size: 1.2em;">11</span>						
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<span style="font-size: 1.2em;">4</span> minus 3 = <span style="font-size: 1.2em;">1</span>						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							
* If the difference in column 1 is less than zero, enter "0" in column 2.							
RATE	FEE						
	\$ <span style="font-size: 1.2em;">385</span>						
X \$ <span style="font-size: 1.2em;">9</span> =							
X \$ <span style="font-size: 1.2em;">43</span> =							
+ \$ <span style="font-size: 1.2em;">145</span> =							
<b>TOTAL</b>							
RATE	FEE						
	\$ <span style="font-size: 1.2em;">770</span>						
X \$ <span style="font-size: 1.2em;">18</span> =	198						
X \$ <span style="font-size: 1.2em;">86</span> =	86						
+ \$ <span style="font-size: 1.2em;">290</span> =							
<b>TOTAL</b>							
<b>CLAIMS AS AMENDED - PART II</b> <span style="font-size: 1.2em;">1-8-07</span> (Column 1) (Column 2) (Column 3)							
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
Total (37 CFR 1.16(c))	<span style="font-size: 1.2em;">31</span>	Minus	<span style="font-size: 1.2em;">31</span>	= <span style="font-size: 1.2em;">/</span>			
Independent (37 CFR 1.16(b))	<span style="font-size: 1.2em;">4</span>	Minus	<span style="font-size: 1.2em;">4</span>	= <span style="font-size: 1.2em;">/</span>			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
RATE	ADDITIONAL FEE						
X \$ <span style="font-size: 1.2em;">25</span> =							
X \$ <span style="font-size: 1.2em;">100</span> =							
+ \$ <span style="font-size: 1.2em;">180</span> =							
<b>TOTAL ADD'L FEE</b>							
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
Total (37 CFR 1.16(c))	*	Minus	**	=			
Independent (37 CFR 1.16(b))	*	Minus	***	=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
RATE	ADDITIONAL FEE						
X \$ _____ =							
X \$ _____ =							
+ \$ _____ =							
<b>TOTAL ADD'L FEE</b>							
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
Total (37 CFR 1.16(c))	*	Minus	**	=			
Independent (37 CFR 1.16(b))	*	Minus	***	=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
RATE	ADDITIONAL FEE						
X \$ _____ =							
X \$ _____ =							
+ \$ _____ =							
<b>TOTAL ADD'L FEE</b>							

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.